



## **Wellington Wetland Park Boardwalk Refurbishment**

**ITB 029-16/DZ**

**Thursday, January 5, 2017 – 2:00 pm**

**Wellington  
Clerk's Office  
12300 Forest Hill Boulevard  
Wellington, FL 33414**



**Brent Martin, VP of Construction  
991 Stinson Way 408, West Palm Beach, FL 33411  
TEL: (772) 324-1146  
[Brent@OneCallProp.com](mailto:Brent@OneCallProp.com)**

**991 Stinson Way 408, West Palm Beach, FL 33411**

**(561) 692-6277 office (772) 409-8620 fax**

**CGC1519002 - CCC1328659 - MRSR1701**


## BID PROPOSAL CHECKLIST

**Please submit your proposal in this order**

- YES ☒ NO ☐ 1. Bid submittal – one (1) original and one (1) PDF (CD) Copy
- YES ☒ NO ☐ 2. Bid Form signed by authorized representative
- YES ☒ NO ☐ 3. Acknowledgment of addendums
- YES ☒ NO ☐ 4. Bid Bond/Security or Cashier's Check
- YES ☒ NO ☐ 5. Schedule of Value
- YES ☒ NO ☐ 6. Schedule of Subcontractor/Supplies
- YES ☒ NO ☐ 7. Schedule of Equipment and Materials
- YES ☒ NO ☐ 8. Sworn Statement under Section 287.133(3) (a)
- YES ☒ NO ☐ 9. Drug Free Workplace
- YES ☒ NO ☐ 10. Trench Safety Affidavit
- YES ☒ NO ☐ 11. Questionnaire
- YES ☒ NO ☐ 12. References
- YES ☒ NO ☐ 13. Insurance Certificates
- YES ☒ NO ☐ 14. Copy of Appropriate Licenses
- YES ☒ NO ☐ 15. Proof of Workers Compensation Insurance/Workers Compensation Exemption Affidavit
- YES ☒ NO ☐ 16. Local Preference Affidavit
- YES ☒ NO ☐ 17. Conflict of Interest Statement
- YES ☒ NO ☐ 18. Non-Collusion Affidavit

# BID ACKNOWLEDGEMENT COVER PAGE

<b>SUBMIT BIDS TO:</b> Wellington Attn: Clerk's Office 12300 Forest Hill Blvd Wellington, FL 33414	<b>REFER ALL INQUIRIES TO PRIMARY CONTACT:</b> Purchasing Division 12300 Forest Hill Blvd Wellington, FL 33414 Ph:(561) 791-4107	<b>Wellington</b> <b>INVITATION TO BID</b>
<b>BID TITLE:</b> Wellington Wetland Park Boardwalk Refurbishment		<b>BID NO:</b> 029-16/DZ

<b>NAME OF FIRM, ENTITY, or ORGANIZATION:</b> One Call Property Services, Inc.				
<b>NAME OF CONTACT PERSON:</b> Brent Martin		<b>VENDOR MAILING ADDRESS:</b> 991 Stinson Way 408		<b>CITY:</b> West Palm Beach
<b>TITLE:</b> VP of Construction		<b>VENDOR HEADQUARTERS ADDRESS (IF DIFFERENT):</b> Same as above		<b>STATE:</b> FL
<b>PHONE NUMBER:</b> 561-692-6277		<b>FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 20-3566260		
<b>EMAIL ADDRESS:</b> Brent@onecallprop.com		<b>STATE OF FLORIDA BUSINESS LICENSE NUMBER (IF APPLICABLE):</b> P05000133724		
<b>FAX NUMBER:</b> 772-409-8620				
<b>ORGANIZATIONAL STRUCTURE (Please Check One):</b> Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other <input type="checkbox"/>				
If Corporation, please provide the following:				
(A) U.S.A Country of Incorporation:		Date of Incorporation: 2005		(B) State or FL
9 / 29 / 2005 Month / Day / Year				
I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all terms and conditions of this bid and certify that I am authorized to sign this bid for the bidder and that the bidder is in compliance with all requirements of the Invitation to Bid, including but not limited to, certification requirements.				
		/ Brent Martin / VP of Construction		
<b>AUTHORIZED SIGNATURE (MANUAL)</b>		<b>AUTHORIZED SIGNATURE (PRINT OR TYPED)</b>		<b>TITLE (PRINT OR TYPED)</b>



## BID FORM

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

PROJECT: Wellington Wetland Park Boardwalk Refurbishment Date: 12/28/16

BIDDER: One Call Property Services, Inc.

THIS BID IS SUBMITTED TO:

Wellington  
Clerk's Office  
12300 Forest Hill Boulevard  
Wellington, FL 33414

1. The undersigned BIDDER proposes and agrees, if this Bid is accepted, to enter into an Agreement with OWNER in the form included in the Contract Documents to perform and furnish all Work as specified or indicated in the Contract Documents for the Contract Price and within the Contract Time indicated in this Bid and in accordance with the other terms and conditions of the Contract Documents.
2. BIDDER accepts all of the terms and conditions of the Advertisement or Invitation to Bid and Instructions to Bidders, including without limitation those dealing with the disposition of Bid security. This Bid will remain subject to acceptance for 120 days after the posting of the recommended award. BIDDER will sign and submit the Agreement with the Bonds and other documents required by the Bidding Requirements within 15 days after the date of OWNER'S Notice of Award.
3. In submitting this Bid, BIDDER represents, as more fully set forth in the Agreement, that:

(a) BIDDER has examined copies of all the Bidding Documents and of the following Addenda (receipt of all which is hereby acknowledged):

Date 12/8/16  
Date 12/9/16  
Date 12/12/16

Addenda Number 1  
Addenda Number 2  
Addenda Number 3

Addenda Number 4 BM  
12/29/16

(b) BIDDER has familiarized itself with the nature and extent of the Contract Documents, Work, Site, locality, and all local conditions, Laws, and Regulations that in any manner may affect cost, progress, performance, or furnishing of the Work.

(c) BIDDER has studied carefully all reports and drawings of subsurface conditions and drawings of physical conditions which, if any, are attached to the Contract Documents, and accepts the determination as set forth in the Bidding Documents of the extent of the technical data contained in such reports and drawings upon which BIDDER is entitled to rely.

(d) BIDDER has obtained and carefully studied (or assumes responsibility for obtaining and carefully studying) all such examinations, investigations, explorations, tests and studies (in addition to or to supplement those referred to in (c) above) which pertain to the subsurface or physical conditions at the site or otherwise may affect the cost, progress, performance or furnishing of the Work as BIDDER considers necessary for the performance or furnishing of the Work at the Contract Price, within the Contract Time and in accordance with the other terms and conditions of the Contract Documents, and no additional examinations, investigations, explorations, tests, reports or similar information or data are or will be required by BIDDER for such purposes.

(e) BIDDER has reviewed and checked all information and data shown or indicated on the Contract Documents with respect to existing Underground Facilities at or contiguous to the site and assumes responsibility for the accurate location of said Underground Facilities. No additional examinations, investigations, explorations, tests, reports or similar information or data in respect of said Underground Facilities are or will be required by BIDDER in order to perform and furnish the Work at the Contract price, within the Contract Time and in accordance with the other terms and conditions of the Contract Documents.



(f) BIDDER has correlated the results of all such observations, examinations, investigations, explorations, tests, reports, and studies with the terms and conditions of the Contract Documents.

(g) BIDDER has given OWNER written notice of all conflicts, errors or discrepancies that it has discovered in the Contract Documents and the written resolution thereof by ENGINEER is acceptable to BIDDER.

(h) This Bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm, or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; BIDDER has not directly or indirectly induced or solicited any other Bidder to submit a false or sham Bid; BIDDER has not solicited or induced any person, firm or corporation to refrain from bidding; and BIDDER has not sought by collusion to obtain for itself any advantage over any other Bidder or over OWNER.

4. BIDDER agrees to perform all the Work described in Contract Documents, subject to adjustments as provided therein, for the Prices BIDDER provides on the Schedule of Values.
5. BIDDER declares it understands that the unit quantities shown on the Bid Form Unit Price Schedule are approximate only and not guaranteed and are subject to either increase or decrease; and that should the quantities of any of the items of Work be increased, the BIDDER agrees to do the additional Work at the unit prices set out herein, and should the quantities be decreased, BIDDER also understands that final payment shall be made on actual quantities completed at the unit prices, and shall make no claims for anticipated profits for any decrease in the quantities.
6. The BIDDER further declares its understands the OWNER may elect to construct only a portion of the Work covered by these Documents and BIDDER agrees to perform that portion of the Work for which BIDDER is awarded a Contract at the unit prices quoted herein.
7. BIDDER agrees that the Work:

Wellington Wetland Park Boardwalk Refurbishment shall be Substantially Complete within 90 days of Notice to Proceed and Finally Complete within 120 days of Notice to Proceed. Work hours Monday – Friday 7 am - 5 pm, excluding holidays.

BIDDER accepts the provisions of the Agreement as to liquidated damages in the event of failure to complete the Work on time.

8. The following documents are attached to and made a condition of this Bid:

(a) Required Bid security in the form of Bid Bond.

(b) Schedule of Values.

(c) List other documents as pertinent.

9. Communications concerning this Bid shall be telephoned or addressed to:

Name: Brent Martin

Address: 991 Stinson Way 408, West Palm Beach, FL 33411

Phone No.: 561-692-6277 Fax: 772-409-8620

10. BIDDER'S Florida Contractor's License No. CGC1519002

11. BIDDER covenants that it is qualified to do business in the State of Florida and has attached evidence of BIDDER'S qualification to do business in the State of Florida, or if not attached, BIDDER covenants to obtain such evidence within five days of request by OWNER to provide evidence.

If BIDDER is

An Individual

Name \_\_\_\_\_ (SEAL)

Signature: \_\_\_\_\_

Doing business as \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

A Partnership

Firm's Name \_\_\_\_\_ (SEAL)

General Partner Signature: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

A Corporation

Corporation's Name One Call Property Services, Inc. (SEAL)

State of Incorporation Florida

Authorized Person: Robert Ambrosius

Title: President

Signature: 

Attest:  (Secretary)

Signature: 

Business Address: 991 Stinson Way 408, West Palm Beach, FL 33411

Phone Number: 561-692-6277

Fax Number 772-409-8620

**Council**

Anne Gerwig, Mayor  
John T. McGovern, Vice Mayor  
Michael Drahos, Councilman  
Michael J. Napoleone, Councilman  
Tanya Siskind, Councilwoman



**Manager**  
Paul Schofield

**ITB No. 029-16/DZ**

**Title:** Wellington Wetland Park Boardwalk Refurbishment

**Bid Opening Date:** December 15, 2016 at 2:00pm

**Addendum Date:** December 8, 2016

**ADDENDUM NO. ONE**

**PURPOSE:** The purpose of this Addendum/NOTICE is to make changes, additions, deletions, revisions, and clarifications to the (ITB) Invitation to Bid documents for the Wellington Wetland Park Boardwalk Refurbishment. Bidder shall review the Addendum/NOTICE work and requirements in detail and incorporate any effects the Addendum/NOTICE may have in their proposal price.

1. **Question:** Since this is a commercial boardwalk, are there any vehicular live loads to consider. Typically for boardwalk with clearance widths between 7 and 10 ft. a vehicular live load of H5 design vehicle is required. (reference: [AASHTO Pedestrian Bridge Design Guide](#)).

**Response:** Since the project is refurbishment only and the existing piles and pile cap beams are to remain, the original boardwalk design criterion is to be used as follows:

LL= 80 psf

Emergency Golf Cart: 3,000 lbs.

2. On page 4 of 7 of the Contract place, Note 3 shall be replaced as follows: Boardwalk LL: 80 psf, Concentrated Live Load: 3,000 lbs. to act non-concurrent with Live Load.

3. **Question:** Please define the requirements for the commercial product warranty for the decking material?

**Response:** The decking material warranty shall be for 10 years.

4. **Question:** Considering the intended heavy commercial use of this boardwalk, do you have any technical or non-technical requirements for the slip resistance of the boardwalk decking material, either upon initial installation or over the course of its design life?

**Response:** Trex is available with a smooth surface to be located on the bottom side and with non-slip ridges parallel to the member length to be located on the top side.

5. **Question:** The PermaTrak system typically includes precast concrete caps, beams, treads/decking. Is it the intent of the Village of Wellington for the PermaTrak treads/decking to bear directly on the new timber stringers? If so, have the timber stringers been designed to support the PermaTrak treads?

**Response:** The PermaTrak system shall be designed to be supported by the existing piles only. The existing cap beams are to be removed and replaced with a PermaTrak cap beam as necessary.

6. **Question:** 3x8 composite decking is not readily available?

**Response:** In lieu of 3x8 composite decking, all decking to be used shall be 2x6 nominal. The maximum clear distance between stringers shall be no greater than 16". Two (2) new 3x10 PT shall be provided at all bents and fastened per detail "A" on page 3 of 7. At bents where the existing stringers are to remain, the two



(2) interior stringers are to be unfastened & replaced such that two (2) additional 3x10 in said area allow for maximum deck clear span of 16" or less. See the revised schedule of values.

7. **Question: Can the railing be fabricated out of composite wood?**

**Response:** No, the structural components of the railing shall be S.Y.P. #2 which includes the vertical posts, the vertical pickets, and the top and bottom horizontal members. Only the top of the rail shall consist of 2x6 composite wood.

8. **Question: Please confirm PermaTrak manufactures a precast concrete top/vertical rail?**

**Response:** A precast concrete top/vertical will not be required.

9. **Question: Trex Composite Decking Specifications 2 x 6 & 2 x 4 dimensional decking. Please confirm Trex Composite Decking is available in a 3" x 8" as shown in the drawings on Page 3 of 7, Detail A**

**Response:** See response to Question #6.

10. **Question: Page 3 of 7, Detail E Typical Concrete Crosswalk Section; Please confirm the hand rail top/vertical member is the only material being replaced? and all other members are existing and to remain (4 x 4 post, 2 x 2 pickets and etc.)**

**Response:** The railing (posts, rails, pickets) located at the Concrete Crosswalks shall be replaced in entirety. A composite 2x6 member shall be used for the top flat rail similar to detail "A".

11. **Question: Would the Village of Wellington consider amending the Instructions to Bidders to accept FDOT prequalified Minor Bridges as an alternate equivalent to the requirements of Article 3?**


**Response:** FDOT prequalification is not required for this project, but will be accepted as long as the bidder also meets the minimum qualifications.

12. **Question: Article 3 in the bid documents indicates that the company must have been in business and have a minimum of 10 years experience. Please Clarify if a local firm will not meet the competency requirement to bid on this project even if the firm have been incorporated for 8 years and have completed similar projects with the same size and complexity.**

**Response:** Article 3.1 (A) has been revised as follows:

*Bidder shall have been in business and have a minimum of 5 years experience in providing the services specified under this solicitation.*

ACKNOWLEDGEMENT: Bidder must acknowledge receipt of any and all Addenda in the space provided on the Bidder Submittal Form. Failure to do so may result in rejection of the Proposal. All requirements of the proposal documents remain unchanged except as cited herein.

  
Signature of Bidder Acknowledging Receipt of  
Addendum No. (1) One to be attached in front of Bid

**Council**

Anne Gerwig, Mayor  
John T. McGovern, Vice Mayor  
Michael Drahos, Councilman  
Michael J. Napoleone, Councilman  
Tanya Siskind, Councilwoman



**Manager**  
Paul Schofield

**ITB No. 029-16/DZ**

**Title:** Wellington Wetland Park Boardwalk Refurbishment

**Bid Opening Date:** December 15, 2016 at 2:00pm

**Addendum Date:** December 9, 2016

**ADDENDUM NO. TWO**

**PURPOSE:** The purpose of this Addendum/NOTICE is to make changes, additions, deletions, revisions, and clarifications to the (ITB) Invitation to Bid documents for the Wellington Wetland Park Boardwalk Refurbishment. Bidder shall review the Addendum/NOTICE work and requirements in detail and incorporate any effects the Addendum/NOTICE may have in their proposal price.

**1. Question: Please verify if a building permit is required?**

**Response:** Yes, a building permit is required.

**2. Question: Is the contractor required to pay the building permit fee if required?**

**Response:** Yes, the contractor shall pay for all permits utilizing the owner controlled allowance of \$10,000 given for permit fees.

**3. Question: Is the building permits (if required) go through Village of Wellington or Palm Beach County?**

**Response:** The contractor shall get a building permit through the Village of Wellington.

**4. Question: Please clarify, the plans ask for SS bolts, however, if you install SS bolts on galvanized plates and post supports, then you will have a corrosion issue. Can the contractor install galvanized bolts where required and SS bolts where required to prevent this corrosion issue?**

**Response:** No. SS316 bolts are to be used as shown on the proposed plans. SS316 will cause minimal corrosion when in contact with galvanized steel, however, all stainless steel bolts in contact with dissimilar metals including galvanized steel shall be separated by a rubber or plastic washer.

**5. Due to the fact that Addendum No. 1, Response 8 was: " A precast concrete top/vertical (PermaTrak) rail will not be required", please see revised Schedule of Values dated 12/9/16 removing the second item from the add alternate. Wellington has also increased the Contingency (Owner Controlled Allowance) to \$75,000.**

**ACKNOWLEDGEMENT:** Bidder must acknowledge receipt of any and all Addenda in the space provided on the Bidder Submittal Form. Failure to do so may result in rejection of the Proposal. All requirements of the proposal documents remain unchanged except as cited herein.



Signature of Bidder Acknowledging Receipt of  
Addendum No. (2) Two to be attached in front of Bid





**Council**

Anne Gerwig, Mayor  
John T. McGovern, Vice Mayor  
Michael Drahos, Councilman  
Michael J. Napoleone, Councilman  
Tanya Siskind, Councilwoman

**Manager**  
Paul Schofield

**ITB No. 029-16/DZ**

**Title:** Wellington Wetland Park Boardwalk Refurbishment

**Bid Opening Date:** *January 5, 2017 at 2:00pm*

**Addendum Date:** December 12, 2016

**ADDENDUM NO. THREE**

**PURPOSE:** The purpose of this Addendum/NOTICE is to make changes, additions, deletions, revisions, and clarifications to the (ITB) Invitation to Bid documents for the Wellington Wetland Park Boardwalk Refurbishment. Bidder shall review the Addendum/NOTICE work and requirements in detail and incorporate any effects the Addendum/NOTICE may have in their proposal price.

- 1. The bid opening for ITB 029-16/DZ has been extended. Bids are now due January 5, 2017 at 2:00pm. The deadline for questions has been extended to December 22, 2016.**

**ACKNOWLEDGEMENT:** Bidder must acknowledge receipt of any and all Addenda in the space provided on the Bidder Submittal Form. Failure to do so may result in rejection of the Proposal. All requirements of the proposal documents remain unchanged except as cited herein.



Signature of Bidder Acknowledging Receipt of  
Addendum No. (3) Three to be attached in front of Bid



**Council**

Anne Gerwig, Mayor  
John T. McGovern, Vice Mayor  
Michael Drahos, Councilman  
Michael J. Napoleone, Councilman  
Tanya Siskind, Councilwoman



**Manager**  
Paul Schofield

**ITB No. 029-16/DZ**

**Title:** Wellington Wetland Park Boardwalk Refurbishment

**Bid Opening Date:** *January 5, 2017 at 2:00pm*

**Addendum Date:** December 29, 2016

**ADDENDUM NO. FOUR**

**PURPOSE:** The purpose of this Addendum/NOTICE is to make changes, additions, deletions, revisions, and clarifications to the (ITB) Invitation to Bid documents for the Wellington Wetland Park Boardwalk Refurbishment. Bidder shall review the Addendum/NOTICE work and requirements in detail and incorporate any effects the Addendum/NOTICE may have in their proposal price.

**1. Questions: What line for Trex Composite? Transcend, Enhance or Select?**

**Response:** Transcend

**2. Question: Do you have a color selection for the Trex Composite Decking?**

**Response:** Tree house

**3. Question: Do you want Square Edge or Beveled edge for the Trex Transcend Composite Decking?**

**Response:** Square edge

**4. Question: Do you have texture and color selection for Permatrak?**

**Response:** Timber texture, Melborne Tan color

**5. Question: Is the Bid Bond amount for the base bid?**

**Response:** The bid bond should be for the grand total, including the alternate.

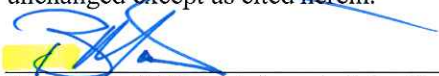
**6. Question: If the add alternate is accepted will the contract time be increased?**

**Response:** Yes, an additional 30 days.

**7. Question: Material Suppliers/Vendors for the add alternate are requiring 10-12 weeks for procurement upon shop drawing approval, will the contract time be increased for the procurement?**

**Response:** The contractor will be required to submit shop drawings and a project schedule as part of their pre-works package. In the schedule, the contractor may (with reasonable documentation) request additional time for procurement of materials prior to the issuance of the notice to proceed date. At no point will the contractor be required to procure materials before an executed contract is in place.

**ACKNOWLEDGEMENT:** Bidder must acknowledge receipt of any and all Addenda in the space provided on the Bidder Submittal Form. Failure to do so may result in rejection of the Proposal. All requirements of the proposal documents remain unchanged except as cited herein.



Signature of Bidder Acknowledging Receipt of  
Addendum No. (4) Four to be attached in front of Bid

## BID BOND/SECURITY

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

KNOW ALL MEN BY THESE PRESENTS, that we One Call Property Services, Inc

as Principal, hereinafter called the Principal, and United States Fire Insurance Company

a corporation duly organized under the laws of the State of Delaware as Surety, hereinafter called the Surety, are held and firmly bound unto Wellington, Purchasing Dept., 12300 Forest Hill Boulevard, Wellington, FL 33414

as Obligee, hereinafter called the Obligee, in the sum of Ten Percent (10%) of amount bid for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the said Principal has submitted a bid for Wellington Wetland Park Boardwalk Refurbishment.

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed December 15, 2016

Witnesses:

One Call Property Services, Inc

Seal

By: 

United States Fire Insurance Company

Seal

By: 

Charles J. Nielson Attorney-in-Fact



**POWER OF ATTORNEY  
UNITED STATES FIRE INSURANCE COMPANY  
PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY**

00927402016

**KNOW ALL MEN BY THESE PRESENTS:** That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

*Ian A. Nipper, David Russell Hoover, Joseph Penichet Nielson,  
Charles David Nielson, Charles Jackson Nielson, Shawn Alan Burton*

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties not exceeding: **Eleven Million Dollars, (\$11,000,000).**

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated.

This Power of Attorney revokes all previous Powers of Attorney issued on behalf of the Attorneys-In-Fact named above and expires on January 1, 2017.

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:

(a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;

(b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.

Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

**IN WITNESS WHEREOF,** United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 10<sup>th</sup> day of March, 2016.

**UNITED STATES FIRE INSURANCE COMPANY**



*A.R.S.*

\_\_\_\_\_  
Anthony R. Slimowicz, Senior Vice President

State of New Jersey }  
County of Morris }

On this 10<sup>th</sup> day of March 2016, before me, a Notary public of the State of New Jersey, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.

**SONIA SCALA  
NOTARY PUBLIC OF NEW JERSEY  
MY COMMISSION EXPIRES 3/25/2019**

\_\_\_\_\_  
Sonia Scala

(Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

**IN WITNESS WHEREOF,** I have hereunto set my hand and affixed the corporate seal of United States Fire Insurance Company on the 15 day of December 2016.

**UNITED STATES FIRE INSURANCE COMPANY**



*Al Wright*

\_\_\_\_\_  
Al Wright, Senior Vice President



## SCHEDULE OF VALUES (Revised 12/9/16)

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

Item No.	Item Description	Estimated Quantity	Unit of Measure	Unit Price	TOTAL COST
	<u>General Conditions and Requirements</u>				
1	*Mobilization	1	LS	1,000.00	1,000.00
2	Bonds	1	LS	19,500.00	19,500.00
3	Permit Fees (Owner Controlled Allowance)	1	LS	\$ 10,000.00	10,000.00
4	*Demobilization	1	LS	1,000.00	1,000.00
5	Overhead and Profit (15% Maximum)	1	LS	75,000.00	75,000.00
				<b>Subtotal General Conditions:</b>	
	<u>Boardwalk Cost</u>				
6	Replace railing at "Concrete Walk" per cross section "E"	793	LF	20.53	16,280.63
7	Replace 4x10 joists (includes "Grace Vycor" and cap trimming)	4480	LF	17.04	76,322.27
8	Replace railing at "Boardwalk" per cross section "A"	2231	LF	26.36	58,806.59
9	Trex Composite Wood Deck	8926	SF	15.21	135,782.23
10	Trex Composite Non-Structural Top Rail	3025	LF	9.92	30,007.72
				<b>Subtotal Cost:</b>	
	<u>Add Alternate</u>				
11	Replace Trex Composite Wood Deck with PermaTrak	8926	SF	31.55	281,628.90
				<b>Subtotal Add Alternate Cost:</b>	
	<u>Contingency</u>				
12	Contingency (Owner Controlled Allowance)				\$75,000.00
				<b>Subtotal Contingency:</b>	\$75,000.00
				<b>**GRAND TOTAL ALL ITEMS (NOT INCLUDING ADD ALTERNATE</b>	498,699.45
				<b>**GRAND TOTAL ALL ITEMS INCLUDING ADD ALTERNATE</b>	780,328.35

**BIDDER/CONTRACTOR** understands and agrees that this is Unit Price Contract and that contractor will be paid based upon items and quantities actually performed and accepted by Owner. The Schedule of Values is provided for the purpose of Bid Evaluation and when initiated by Wellington, the pricing of change orders. Contractor's price will not be adjusted to reflect any deviation from the Schedule of Values, except to the extent that Wellington changes the scope of Project after the Contract Date.

Quantities listed on the Schedule of Values are estimates only and are not to be construed as guaranteed work quantities. **Bids will be evaluated based upon the grand total contract price including add alternate.** Balance of pricing shall be considered by OWNER in determining lowest, responsive, responsible bidder. CONTRACTORS/BIDDERS shall submit balanced bids.

## SCHEDULE OF SUBCONTRACTORS

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

Discipline	Subcontractor	Address City, ST, Zip	License Number
	One call Property Services, Inc.	—	100% SELF PERFORM

*Address of Subcontractor may be considered in accordance with Wellington's Local Preference Policy*

## SCHEDULE OF EQUIPMENT AND MATERIALS

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

[illegible]



## SWORN STATEMENT UNDER SECTION 287.133(3)(a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER  
AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to The Village of Wellington  
by Brent Martin/ VP of Construction [print name of the public entity]  
[print individual's name and title]  
for One Call Property Services  
[print name of entity submitting sworn statement]

whose business address is 991 Stinson Way 408, West Palm Beach, FL 33411

and (if applicable) its Federal Employer Identification Number (FEIN) is 20-3566260

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: \_\_\_\_\_.)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services or any contract for the construction or repair of a public building or public work, to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime; or
  2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

☒ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

  
[signature]

12/28/16

[date]

STATE OF Florida

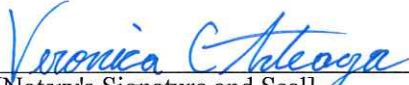
COUNTY OF Martin

Subscribed and Sworn to (or affirmed) before me on 12/28/16 by \_\_\_\_\_ [date]

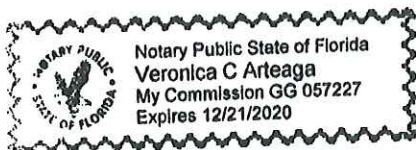
Brent Martin . He/she is personally known to me or has presented \_\_\_\_\_ [name]

as identification.

\_\_\_\_\_ [type of identification]

  
[Notary's Signature and Seal]  
Form PUR 7068 (Rev. 04/10/91)  
M/R 03/06/92

Veronica C. Arteaga / 66057227  
Print Notary Name and Commission No.





## DRUG FREE WORKPLACE

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

Preference may be given to businesses with drug-free workplace programs. Whenever two or more Bids which are equal with respect to price, quality, and service are received by the Owner for the procurement of commodities or contractual services, a Bid received from a business that certifies that it has implemented a drug-free workplace program may be given preference in the award process. Established procedures for processing tie Bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business must attest to the following:

1. We publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. We inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. We give each employee engaged in providing the commodities or contractual services that are under Bid a copy of the statement specified in subsection (1).
4. We, in the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under Bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. We impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. We make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

  
**Contractor's Signature**



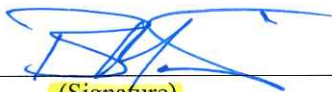
## TRENCH SAFETY AFFIDAVIT

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

One Call Property Services, Inc. (NAME OF FIRM) hereby provides written assurance that compliance with applicable Trench Safety Standards identified in the Occupational Safety and Health Administration's Excavation Safety Standards, (OSHA) 29 C.F.R.S. 1926.650 Subpart P will be adhered to during trench excavation in accordance with Florida Statutes 553.60 through 533.64 inclusive (1990), "Trench Safety Act".

The undersigned acknowledges that included in the various items of the proposal and in the Total Proposal Price are costs for complying with the Florida "Trench Safety Act" as summarized below: (Attach additional sheets as necessary).

Schedule Item	Trench Safety Measure (Slope, Trench Shield, etc.)	Cost
	N/A	
	Total	

  
(Signature)

12/28/16  
(Date)

STATE OF Florida

COUNTY OF Martin

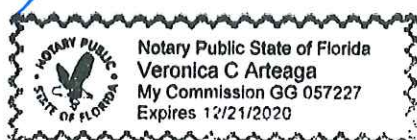
Subscribed and Sworn to (or affirmed) before me on 12/28/16  
by

Brent Martin He/she is personally known to me or has presented

\_\_\_\_\_  
(type of i.d.) as identification.

  
Notary Public Signature and Seal

Veronica C. Arteaga  
Print Notary Name and Commission No. GG057227



## QUESTIONNAIRE

The following Questionnaire shall be completed and submitted in Envelope with the Bid. By submission of this Bid, Bidder guarantees the truth and accuracy of all statements and answers herein contained.

1. How many years has your organization been in business? 11

2. What is the last project of this nature that you have completed?

Martin County School District- Indian Town Middle School - Decking

3. Have you ever failed to complete work awarded to you? If so, where and why?

No

4. Name three individuals or corporations for which you have performed work and to which you refer:

<u>David Spear</u>	<u>speard@martin.k12.fl.us</u>	<u>772-223-3105</u>
Name	Email Address	Phone

<u>Jeff Haas</u>	<u>jch@teambbluefranchise.com</u>	<u>814-238-9687</u>
Name	Email Address	Phone

<u>Lou Recchio</u>	<u>lrecchio@RoyalPalmBeach.com</u>	<u>561-753-1228</u>
Name	Email Address	Phone

5. List the following information concerning all contracts OR projects in progress and past as of the date of submission of this bid. (List any Federal, State, City or local municipalities/government contracts or project information if any relevant in scope with this solicitation).

**Information provided in (section 5) is for reference purposes and may be contacted for verification.**

Name of Term Contract OR Project	Owner	Contact (Person) Name & Title	Contact Email Address & Phone Number	Contact Business Address
South Fork High School - Kitchen Renovation	Martin County School District	David Spear/ Project Manager	speard@martin.k12.fl.us 772-223-3105	500 SE Ocean Blvd, Stuart, FL 34994
Porch Enclosure	City of Lake Worth	William Waters/ Director of community sustainability	wwaters@lakeworth.org 561-586-1635	7 North Dixie Highway Lake Worth, FL 33460
Team Blue Car Wash	Jeff Hass	Jeff Hass /Owner	jch@teambbluefranchise.com 814-280-2170	340 Timberton Circle Bellefonte, PA 16823
Toney Penna-Term Contract	Town of Jupiter	Scott Isberner / Project Manager	scotti@jupiter.fl.us 561-741-2281	210 Military Trail Jupiter, FL 33458

6. Has the bidder or his or her representative inspected the proposed project and does the Bidder have a complete plan for its performance?

Yes

7. Will you subcontract any part of this work? If so, give details including a list of each subcontractor(s) that will perform work in excess of the percent (10%) of the contract amount and the work that will be performed by each subcontractor(s).

Subcontractor	Work to be Performed
N/A	

8. What equipment do you own that is available for the work? Skid Steer, excavator, mini loaders, concrete pumps, lifts, trucks, barge, pile driver
9. What equipment will you purchase for the proposed work? None
10. What equipment will you rent for the proposed work? None

11. State the name of your proposed project manager and give details of his or her qualifications and experience in managing similar jobs.

Brent Martin / 15+ years related construction experience

12. State the true, exact, correct and complete name of the partnership, corporation, or trade name under which you do business and the address of the place of business. (If a corporation, state the name of the president and secretary. If a partnership, state the names of all partners. If a trade name, state the names of the individuals who do businesses under the trade name.
13. The correct name of the Bidder is One Call Property Services, Inc.
14. The partnership is a ☐ Sole Proprietorship, ☐ Partnership, or ☒ Corporation or ☐ Other Type of Entity \_\_\_\_\_ (Fill In).
15. The address of principal place of business is 991 Stinson Way 408, West Palm Beach, FL 33411

16. The names of the Corporate Officers, or Partners, or Individuals doing business under a trade name, are as follows:  
President: Robert Ambrosius / Secretary: Brent Martin / Treasurer: Tammy Ambrosius

17. List all organizations which were predecessors to Bidder or in which the principals or officers of the Bidder were principals or officers.

None



18. List and describe all bankruptcy petitions (Voluntary or Involuntary) which have been filed by or against the Bidder, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.

None

19. List and describe all successful Performance or Payment Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Bidder and its predecessor organization(s).

None

20. List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Bidder or its predecessor organization(s) during the last five (5) years. The list shall include all case names; case, arbitration, or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.

None

21. List and describe all criminal proceedings or hearings concerning business related offenses in which the Bidder, its principals or officers or predecessor organization (s) were defendants.

None

22. Has the Bidder, its principals, officers, or predecessor organization(s) been debarred or suspended from bidding by any government during the last five (5) years? If yes, provide details.

None

23. List and disclose any and all business relations with any members of Wellington Council.

None

# CERTIFICATE OF LIABILITY INSURANCE

Date  
12/20/2016

**Producer:** Plymouth Insurance Agency  
2739 U.S. Highway 19 N.  
Holiday, FL 34691  
(727) 938-5562

**This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.**

**Insured:** South East Personnel Leasing, Inc. & Subsidiaries  
2739 U.S. Highway 19 N.  
Holiday, FL 34691

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	11075
Insurer B:		
Insurer C:		
Insurer D:		
Insurer E:		

## Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur  General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$
						Damage to rented premises (EA occurrence)	\$
						Med Exp	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products - Comp/Op Agg	\$
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$
						Bodily Injury (Per Person)	\$
						Bodily Injury (Per Accident)	\$
						Property Damage (Per Accident)	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible				Each Occurrence	
						Aggregate	
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? <b>NO</b> If Yes, describe under special provisions below.	WC 71949	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> WC Statutory Limits	<input type="checkbox"/> OTH-ER
						E.L. Each Accident	\$1,000,000
						E.L. Disease - Ea Employee	\$1,000,000
						E.L. Disease - Policy Limits	\$1,000,000

Other

**Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616**

### Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

Client ID: 91-67-164

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

**One Call Property Services, Inc.**

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.

Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.

### Project Name:

ISSUE 12-15-16 (BP) REISSUE 12-20-16 (RK)

Begin Date 3/23/2013

### CERTIFICATE HOLDER

### CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

*John L. Brown*



Client#: 1096478

ONECAL

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/19/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>USI Insurance Services, LLC</b> <b>500 Columbia Drive, Ste 102</b> <b>West Palm Beach, FL 33409-2718</b> <b>561 693-0500</b>	<b>CONTACT NAME:</b> Kandi Schmitz <b>PHONE (A/C, No, Ext):</b> 561-693-0504 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> kandi.schmitz@usi.com														
<b>INSURED</b> <b>One Call Property Services Inc.</b> <b>991 Stinson Way, Ste #408</b> <b>West Palm Beach, FL 33411</b>	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Colony Specialty Insurance Comp</td> <td>36927</td> </tr> <tr> <td>INSURER B : Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER C : Old Dominion Insurance Co</td> <td>40231</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Colony Specialty Insurance Comp	36927	INSURER B : Federal Insurance Company	20281	INSURER C : Old Dominion Insurance Co	40231	INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		PACER304912	04/01/2016	04/01/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			B1T2916W	04/01/2016	04/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	POLLUTION			PACER304912	04/01/2016	04/01/2017	\$1,000,000
A	PROFESSIONAL			PACER304912	04/01/2016	04/01/2017	\$1,000,000
B	EQUIPMENT			45468672	07/09/2016	07/09/2017	\$140,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Automatic additional insured on General Liability, Auto Liability, Pollution and Professional when required by contract.

## CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD  
2601 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-0783**

**(850) 487-1395**

**AMBROSIUS, ROBERT C  
ONE CALL PROPERTY SERVICES INC  
7804 SW ELLIPSE WAY  
STUART FL 34997**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

**CGC1519002 ISSUED: 07/27/2016**

**CERTIFIED GENERAL CONTRACTOR  
AMBROSIUS, ROBERT C  
ONE CALL PROPERTY SERVICES INC**

**IS CERTIFIED under the provisions of Ch.489 FS.  
Expiration date : AUG 31, 2018 L1607270001332**

**DETACH HERE**

**RICK SCOTT, GOVERNOR**

**KEN LAWSON, SECRETARY**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD**

**LICENSE NUMBER**

**CGC1519002**

**The GENERAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2018**

**AMBROSIUS, ROBERT C  
ONE CALL PROPERTY SERVICES INC  
991 STINSON WAY  
SUITE #408  
WEST PALM BEACH FL 33411**



**ISSUED: 07/27/2016**

**DISPLAY AS REQUIRED BY LAW**

**SEQ # L1607270001332**

## REQUEST FOR PROOF OF WORKERS COMPENSATION INSURANCE OR EXEMPTION

Dear Provider of Services or Goods:

In order to provide services or goods to Wellington, we require that you provide us either proof of workers compensation coverage or proof of exemption.

Workers compensation insurance is required of all employers in Florida that employ 4 or more part or full time employees. In the event that you are an employer in the construction industry, you are required to have workers compensation insurance if you employ one or more workers. Corporate officers and sole proprietors are included when calculating the number of employees. Note: Corporate officers may claim exemption from workers compensation coverage on themselves only, by filing *Form DWC 250, Notice of Election to Be Exempt*. This form can be found at <http://fldfs.com/WC/forms.html>.

If you meet the above criteria to be exempt, you **MUST** provide us with one of the following:

- If your business is a sole proprietorship or unincorporated business: provide us a Verification of Automatic Exempt Certificate. This verification is a letter that is issued by the State of Florida Department of Financial Services. To receive a letter from the State, complete the following directions: 1) Call the National Council of Compensation Insurance 1-800-622-4123, Option 5, and ask them for the class code for your type of business. 2) Once you have received this code, call the Department of Financial Services at 1-850-413-1601 and provide them your business name, class code, mailing address, and contact phone number. They will send you the Verification of Automatic Exempt Certificate. 3) Provide us a copy of the Verification of Automatic Exempt Certificate.
- If your business is a corporation (including a professional association or limited liability company), and you are not required to have workers compensation insurance as per the requirements as outlined above, you must complete the attached Workers Compensation Exemption Affidavit, have it notarized, and return the original to us.

If you are an employer that meets the requirements of workers compensation and needs to obtain coverage, contact your current business insurance agent, or you may use the following resources to locate an agent: [www.fuia.com](http://www.fuia.com), [www.piafl.org/wc-info.pdf](http://www.piafl.org/wc-info.pdf), or call (850) 893-8245.

Please be reminded that the furnishing of this information to Wellington is a non-negotiable requirement to perform services for us. Failure to provide this timely may result in either termination of your services or delay of payment for services. Your workers compensation Certificate of Coverage, Workers Compensation Exemption Affidavit, or Verification of Automatic Exempt Certificate must be delivered or mailed to the Purchasing Department located at 12300 Forest Hill Boulevard, Wellington, Florida, 33414.



# WORKERS COMPENSATION EXEMPTION AFFIDAVIT

(FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE BID BEING DECLARED NON-RESPONSIVE)

Form should be completed by an officer of a sole proprietorship or a corporation with three (3) or less employees. Form must be signed and notarized.

Name N/A  
First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_  
Home \_\_\_\_\_ Business \_\_\_\_\_

This is to certify that \_\_\_\_\_  
(Business Name)

\_\_\_\_\_ is a  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sole Proprietorship

OR

Corporation/Partnership

And has 30 employees, other than the owner his/her self.  
(no. of employees)

Therefore, under the terms of Chapter 440, F.W., Workers' Compensation regulations it is NOT necessary for the above company to carry Workers' Compensation Insurance.

(signature)

Sworn and subscribed to me this 30<sup>th</sup> day of December, 2016.

Personally known X Or, Produced ID: \_\_\_\_\_ (Type Produced) \_\_\_\_\_

NOTARY PUBLIC

Veronica Arteaga

My Commission Expires:

12/21/2020





## WELLINGTON LOCAL PREFERENCE

### APPLICATION TO BE CONSIDERED A LOCAL BUSINESS IN ACCORDANCE WITH VILLAGE OF WELLINGTON FLORIDA'S LOCAL PREFERENCE POLICY

Wellington gives preference to local businesses in certain purchasing situations as set forth in Chapter 9 of Wellington's Purchasing and Procurement Manual. In order to be considered a local business, entitled to be given preference, the business must make application with Wellington and meet one of the following criteria as such is more fully set forth in Chapter 9, of Wellington's Purchasing and Procurement Manual:

#### Chapter 9, LOCAL PREFERENCE

**Western Communities Local Business** - For the purpose of determining a "Western Communities local business" a vendor must have a principal permanent business location and headquarters within Wellington of Wellington, Florida or west of the Florida Turnpike to the Palm Beach County western boundary line as depicted in Exhibit "A" hereto. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been domiciled and headquartered in the jurisdictional boundaries of the Western Communities for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within the Western Communities. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the County's and/or municipalities' Code of Ordinances, having jurisdiction over the location of the business, unless otherwise exempt therefrom. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

**Palm Beach County local business** - For the purpose of determining a "Palm Beach County local business" a vendor must have a principal permanent business location and headquarters within Palm Beach County, Florida. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been headquartered and domiciled in the jurisdictional boundaries of Palm Beach County, Florida for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within Palm Beach County, Florida. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the Palm Beach County Code of Ordinances as amended from time to time, unless otherwise exempt there from. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

**Subcontractor utilization** - In competitive bid situations, a business may also qualify as either a Palm Beach County or Western Community local business if they are utilizing subcontractors to perform the work or materialmen to supply the job and more than fifty (50%) percent of their proposed bid price will be paid to subcontractors and/or materialmen who qualify, under the above standards, as Palm Beach County and/or Western Community local businesses.

Please check the box below indicating which preference category your business is applying for:

☒ **Western Communities Local Business**

☒ **Palm Beach County Local Business**

☐ Subcontractor Utilization

1. The name of the business is: One Call Property Services, Inc.
2. The address of the business is: 991 Stinson Way 408, West Plam Beach, FL 33411
3. How long has the business been located at its current address: 11

4. If the business has relocated within the last six months, please provide the answers to questions 1-3 for the previous location:

5. The previous name of the business is: N/A

6. The previous address of the business is: N/A

7. How long was this business at the previous location: N/A

8. If the business is attempting to qualify under the subcontractor utilization provision, please provide a breakdown of the subcontractors who would qualify for either the Palm Beach County or Western Community, business classification, the requisite information, provide their responses to the above 1 - 7 questions and for each of the subcontractors, indicate the amount that they are proposed to be compensated at under the bid price.

9. The business as a local business tax receipt from: (1) Palm Beach County ☒ (2) the following municipality: \_\_\_\_\_ (3) located in unincorporated Palm Beach County: ☐

10. Please provide a copy of Local Business Tax Receipts from Palm Beach County and the applicable municipality are attached.

11. Please provide a Certificate of Good Standing indicating the formation or domestication of the entity in and for the State of Florida is attached.

12. Please provide copies of licenses if applicable from the State of Florida authorizing the business to provide the good services or professional services contemplated in the bid documents.

By signing below, I hereby certify that under penalty of perjury I believe my business qualifies as a Palm Beach County, Western Community or subcontractor utilization business in accordance with Wellington's Local Preference Policy and that I have submitted current and accurate information and documents relating to my qualifications. I further acknowledge and agree that any fraudulent or duplicitous information submitted in furtherance of this application will be grounds for disqualification from bidding on this project and doing business with Wellington in the future.

Applicants Federal Tax ID Number - 20-3566260 Applicants Business Address 991 Stinson Way 408,  
West Palm Beach, FL 33411

Signature of Authorized Representative of Corporation, Partnership, or other business entity:



Print Name: Brent Martin

Title: VP of Construction

Date: 12/30/16

CITY OF: West Palm Beach

COUNTY OF: Palm Beach

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 30<sup>th</sup> day of December, 2016, by  
Brent Martin. He/She is personally known to me or has presented

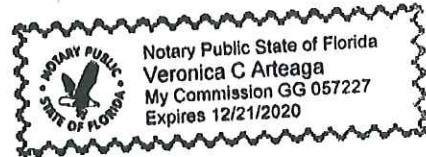
\_\_\_\_\_ as identification.

  
(Signature of Notary)

Veronica C. Arteaga  
(Print or Stamp Name of Notary)

Notary Public FL  
(State)

Notary Seal



Signature of Individual if Sole Proprietor:

\_\_\_\_\_  
Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

CITY OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

SUBSCRIBED AND SWORN TO (or affirmed) before me on this \_\_\_\_ day of \_\_\_\_\_, 201\_\_, by  
\_\_\_\_\_. He/She is personally known to me or has presented

\_\_\_\_\_ as identification.

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Print or Stamp Name of Notary)

Notary Public \_\_\_\_\_  
(State)

Notary Seal



## CONFLICT OF INTEREST STATEMENT

This Proposal/Agreement (whichever is applicable) is subject to the conflict of interest provisions of the policies and Code of Ordinances of WELLINGTON, the Palm Beach County Code of Ethics, and the Florida Statutes. During the term of this Agreement and any renewals or extensions thereof, the VENDOR shall disclose to WELLINGTON any possible conflicts of interests. The VENDOR's duty to disclose is of a continuing nature and any conflict of interest shall be immediately brought to the attention of WELLINGTON. The terms below shall be defined in accordance with the policies and Code of Ordinances of WELLINGTON, the Palm Beach County Code of Ethics, and Ch. 112, Part III, Florida Statutes.

CHECK ALL THAT APPLY.

- ☒ To the best of our knowledge, the undersigned business has no potential conflict of interest for this Agreement due to any other clients, contracts, or property interests.
- ☒ To the best of our knowledge, the undersigned business has no employment or other contractual relationship with any WELLINGTON employee, elected official or appointed official.
- ☒ To the best of our knowledge, the undersigned business has no officer, director, partner or proprietor that is a WELLINGTON purchasing agent, other employee, elected official or appointed official. The term "purchasing agent", "elected official" or "appointed official", as used in this paragraph, shall include the respective individual's spouse or child, as defined in Ch. 112, Part III, Florida Statutes.
- ☒ To the best of our knowledge, no WELLINGTON employee, elected official or appointed official has a material or ownership interest (5% ownership) in our business. The term "employee", "elected official" and "appointed official", as used in this paragraph, shall include such respective individual's relatives and household members as described and defined in the Palm Beach County Code of Ethics.
- ☒ To the best of our knowledge, the undersigned business has no current clients that are presently subject to the jurisdiction of WELLINGTON's Planning, Zoning and Building Department.
- ☐ The undersigned business, by attachment to this form, submits information which may be a potential conflict of interest due to any of the above listed reasons or otherwise.

THE UNDERSIGNED UNDERSTANDS AND AGREES THAT THE FAILURE TO CHECK THE APPROPRIATE BLOCKS ABOVE OR TO ATTACH THE DOCUMENTATION OF ANY POSSIBLE CONFLICTS OF INTEREST MAY RESULT IN DISQUALIFICATION OF YOUR BID/PROPOSAL OR IN THE IMMEDIATE CANCELLATION OF YOUR AGREEMENT, WHICHEVER IS APPLICABLE.

One Call Property Services, Inc.

COMPANY NAME



AUTHORIZED SIGNATURE

Brent Martin

NAME (PRINT OR TYPE)

VP of Construction

TITLE

## NON-COLLUSION AFFIDAVIT

State of Florida

County of Martin

Being duly sworn deposes and says:

That he/she is an officer of the parties making the forgoing bid submittal, that such bid submittal is genuine and not collusive or sham, that said Bidder has not colluded, conspired, connived or agreed, directly or indirectly with any bidder or person, to put in a sham bid or to refrain from bidding and has not in any manner, directly, or indirectly, sought by agreement of collusion or communication or conference with any person, to fix the price of affiant or any other bidder, or to fix any overhead, profit of cost element of said price, or that of any other bidder, or to secure any advantage against the authority, of any person interested in the proposed contract and that all statements in said bid is true.

One Call Property Services, Inc.

Name of Bidder

Brent Martin

Print name of designated signatory

  
Signature

VP of Construction

Title

On this 28th day of December, 2016, before me appeared Brent Martin personally known to me to be the person described in and who executed this \_\_\_\_\_ and acknowledged that (she/he) signed the name freely and voluntarily for the uses and purposes therein described.

In witness thereof, I have hereunto set my hand and affixed seal the day and year last written above.

  
Signature

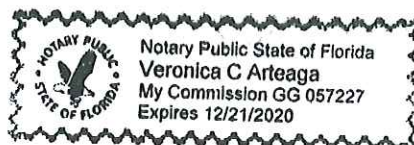
Notary Public in and for the State of FL

(Affix Seal Here)

Veronica C. Arteaga  
(Name Printed)

Residing at Palm Beach County

My commission expires 12-21-20





**ANNE M. GANNON**  
**CONDITIONAL TAX COLLECTOR**  
*Serving Palm Beach County*  
*Serving you.*

Anne M. Gannon  
Constitutional Tax Collector  
Serving Palm Beach County  
P.O. Box 3353  
West Palm Beach, FL 33402-3353

Business Tax Account		
LBTR Number	Tax Type	Status
2016094905	Business Tax	Active
Mailing Address: ONE CALL PROPERTY SERVICES INC 991 STINSON WAY 408 WEST PALM BEACH, FL 33411		Location Address: 991 STINSON WAY 408 WEST PALM BEACH FL 33411

**Notice to Business Tax Payer**

### Important Payment Information

Local business tax receipts expire September 30 and may be renewed on or after July 1. Delinquent business taxes are payable online. Local business tax receipts not renewed by September 30 are delinquent and subject to a delinquency penalty of ten percent for the month of October, plus an additional five percent for each month of delinquency.

### Business Account Tax Bills

[illegible]



# *State of Florida*

## *Department of State*

I certify from the records of this office that ONE CALL PROPERTY SERVICES INC. is a corporation organized under the laws of the State of Florida, filed on September 29, 2005.

The document number of this corporation is P05000133724.

I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on April 27, 2016, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twenty-seventh day of April,  
2016*



*Ken Deitzner*  
**Secretary of State**

Tracking Number: CC6553217629

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>